



Iowa Department of Human Services

# Iowa's Medicaid Program Updates and Transition

Member Services  
Iowa Medicaid Enterprise



## Meeting Agenda

- Introductions
- IA Health Link Program Overview
- Managed Care Organizations Overview
- Question and Answer Session, Individual Discussions with MCOs

**Goal:** Prepare community partners, advocates and stakeholders to assist members with the managed care transition and enrollment process.



## Medicaid Today

- Medicaid in Iowa currently provides health care assistance to about 560,000 people at a cost of approximately \$4.2 billion dollars annually
- A key budgetary challenge is the increasing costs to provide services and decreasing federal funds to do so
- The cost of delivering this program has grown by 73 percent since 2003
- And, Medicaid total expenditures are projected to grow by 21% in the next three years



## New Approach: Medicaid Modernization

In February 2015, DHS issued a Request for Proposal, titled the Iowa High Quality Health Care Initiative

- Moves Medicaid program towards risk-based managed care approach
- Impacts most Medicaid members and begins January 1, 2016



## Iowa's Managed Care Organizations Contracting

- DHS issued a Notice of Intent to Award contracts on Monday, August 17, 2015 to the four bidders below:
  - AmeriGroup Iowa, Inc.
  - AmeriHealth Caritas Iowa, Inc.
  - UnitedHealthcare Plan of the River Valley, Inc.
  - WellCare of Iowa, Inc.



## Iowa's Goals

Goal

- Improved quality and access

Goal

- Greater accountability for outcomes

Goal

- More predictable and sustainable Medicaid budget



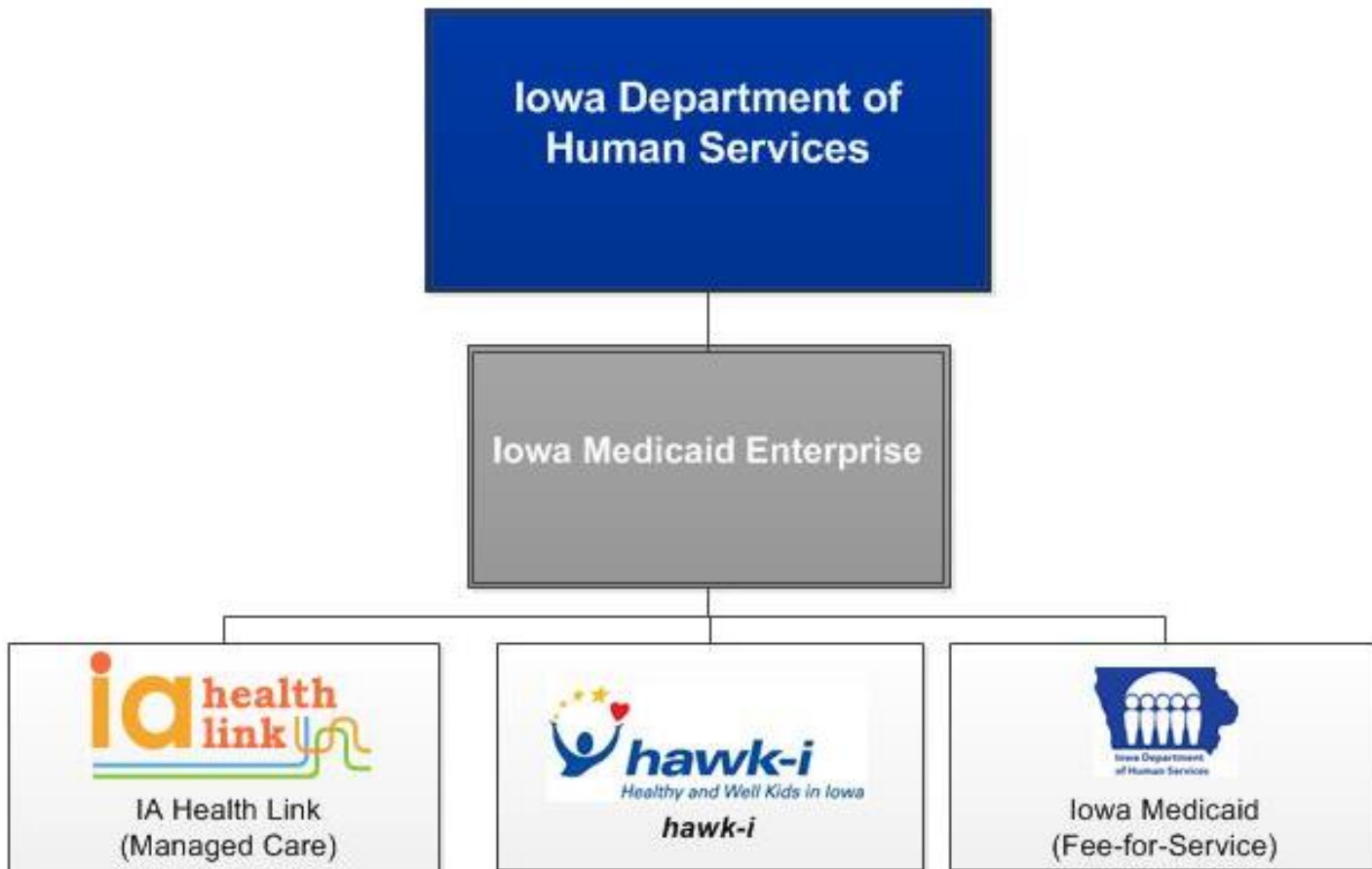
## Branding and Communications

- IA Health Link is now the name for the Iowa Medicaid managed care program
- Links together physical health care, behavioral health care, and long term care under one program





## Iowa Medicaid Program Overview







# Iowa Medicaid External Operational Readiness: Preparing to Implement Medicaid Modernization



## MCO Readiness Review

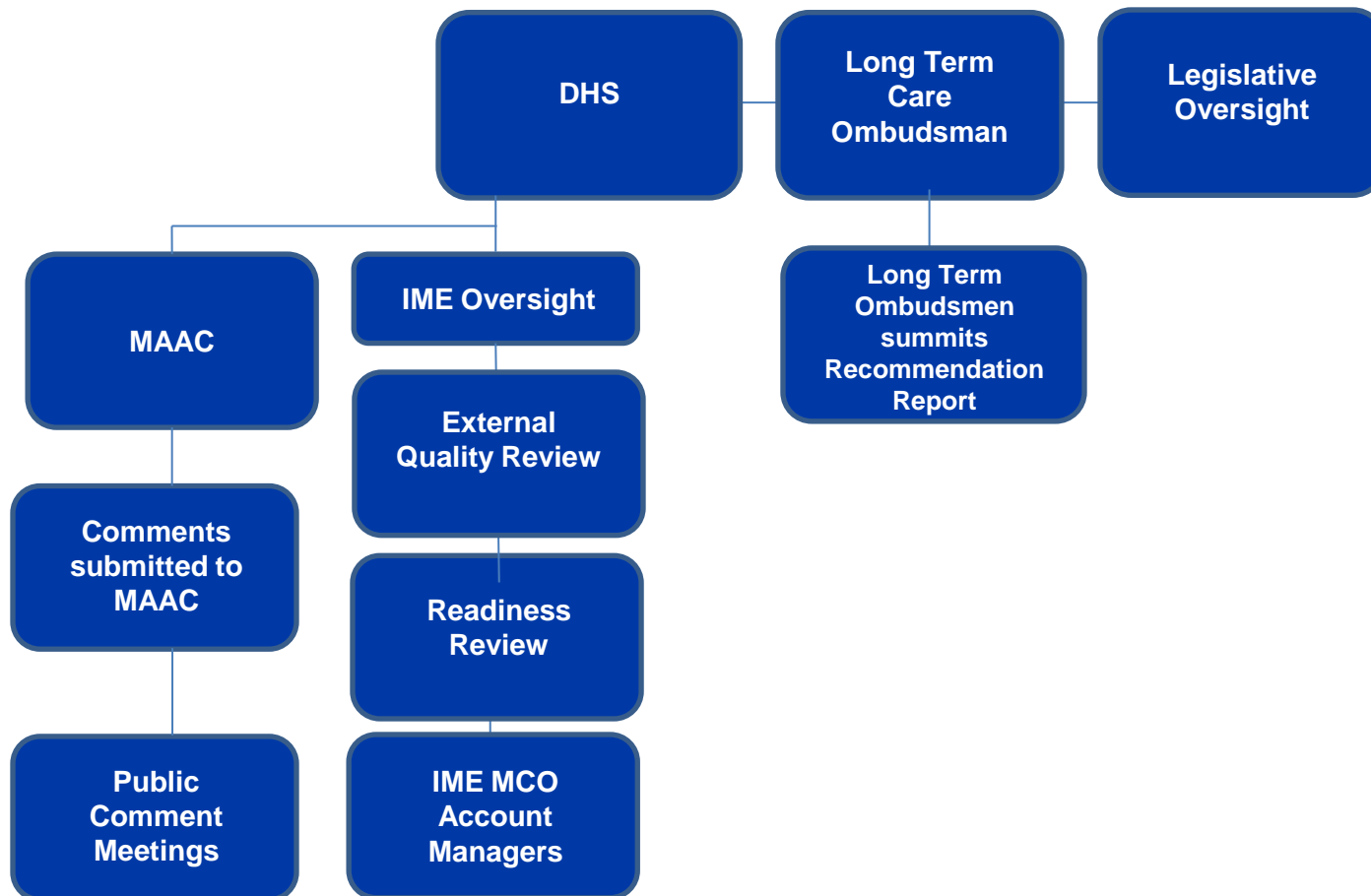
Before any MCO can begin serving Medicaid members, the MCO must demonstrate their readiness to meet the care needs of new members

- Facilitates a smooth transition
- Minimizes negative impacts of the transition

State staff will be supported by consultants, selected through a competitive procurement process



## Modernization Oversight Visual





## MCO Reporting Requirements

- Developing comprehensive public reporting dashboard
  - Regular schedule for distribution of reports
- A number of reports will be required to be submitted directly to DHS by the MCOs
- Shifting staff focus to oversight and monitoring



## Stakeholder Oversight

- Established through the Medical Assistance Advisory Council (MAAC) and the MAAC Executive Committee
  - Outlined in Senate File 505
  - Used as the primary stakeholder group to receive updates on implementation and make recommendations to DHS



## Public Involvement in Oversight

Monthly meetings where members and the public can share comments with DHS

- Held throughout the state
- Rural and urban areas
- Comments summarized and shared with MAAC, who makes formal recommendations to DHS

Public Comment Meetings



Comments Submitted to  
MAAC



MAAC Makes  
Recommendations to DHS



## Legislative and Other Oversight

### Long Term Care Ombudsman

- New ombudsman developed to be an advocate for LTC members
- Independent of DHS

### Legislative Involvement in Oversight

- Establishment of a legislative oversight committee
- Comprised of House and Senate members
- Receive reports and information on implementation



## Member Transition





## Member Populations

### Included

- Low income families and children
- Iowa Health and Wellness Plan
- Long Term Care
- HCBS Waivers
- *hawk-i*

### Excluded

- PACE (member can opt in)
- American Indians/Alaskan Natives (can opt in)
- Programs where Medicaid already pays premiums: Health Insurance Premium Payment Program (HIPP), Medicare Savings Program only
- Medically Needy
- Undocumented persons eligible for short-term emergency services only
- Presumptively eligible



## Member Benefits

- Physical health care in inpatient and outpatient settings, behavioral health care, transportation, etc.
- Facility-based services such as Nursing Facilities, Intermediate Care for Persons with Intellectual Disabilities, Psychiatric Medical Institution for Children, Mental Health Institutes and State Resource Centers
- Home and Community-Based Services (HCBS) waiver services
- Dental services continue as today – “carved out” of MCO



## Member Eligibility

- No changes to current application or eligibility process, including waiver lists
  - Applications continue to be processed by DHS
  - Application still available online, phone, paper
- Enrollment in MCO occurs after an eligibility determination is made
  - Members will receive information and enrollment packet after eligibility notice



## DHS Member Outreach & Education

- Tele-townhall meetings
- Events and trainings
- Newsletters
- Member educational materials
- Member mailings
- Community partnerships
- Coordination with stakeholders and providers
- Advisory and member-based focus groups
- Website content
- Webinars



## Member Educational Meetings

- Provide member education about managed care and the transition
- In-person choice counseling available
- Begin late-October- November
  - Some will be available via webinar and conference call
  - Schedule available online and through Iowa Medicaid Member Services call center



## Initial Member Educational Meetings

### Meeting Locations- More to Come As Requested

Fort Madison	Council Bluffs	Sioux City
Mason City	Storm Lake	Waterloo
Fort Dodge	Cedar Rapids	Iowa City
Carroll	Marshalltown	Ames
Des Moines	Ottumwa	Davenport
Burlington	Dubuque	

Available at:

[https://dhs.iowa.gov/sites/default/files/MemberEducation\\_and\\_EnrollmentEventsFlyer.pdf](https://dhs.iowa.gov/sites/default/files/MemberEducation_and_EnrollmentEventsFlyer.pdf)



## Stakeholder Outreach & Assistance

[https://dhs.iowa.gov/sites/default/files/IAHealthLink\\_StakeholderToolkit\\_FINAL.pdf](https://dhs.iowa.gov/sites/default/files/IAHealthLink_StakeholderToolkit_FINAL.pdf)

- Stakeholder toolkit is available online to support accurate information in the transition to current Medicaid members
- Information includes:
  - IA Health Link Program Overview
  - Links to FAQs, Factsheets and DHS Website updates
  - Help in selecting an MCO Materials
  - Member Promotional Materials
  - Member Introductory Mailings



## MCO Stakeholder Outreach

- MCOs have begun to reach out to stakeholders to assist in promoting an understanding of managed care benefits
  - Meetings, training sessions and Iowa-specific materials to come throughout the fall
- DHS must approve public facing materials such as marketing materials and member letters





## Member Enrollment Activities

### Overview of Enrollment Process

September 2015	October 2015	November 2015	December 2015	January 2016	February 2016	March 2016
Introductory Mailings by population	MCO Enrollment Begins	Enrollment assistance continues	December 17, 2015: Last Day to Make MCO Choice for January 2016	January 1: Begin Coverage with MCO		March 19: Member must have Good Cause to make change
			December 18, 2015- March 18, 2016: Member can change MCO without Good Cause			



## Step 1: Introductory Mailings

- Introductory mailings sent to members in early October, and posted online:
  - Long Term Care and HCBS Waivers
  - *hawk-i*
  - Traditional Medicaid groups
  - Current managed care
- Mailings includes:
  - Timeline
  - FAQ
  - Contacts for questions



# Iowa Department of Human Services



## New Health Coverage Options for You!

### What is new?

The Department is seeking federal approval from the Centers for Medicare and Medicaid Services (CMS) to join most Iowa Medicaid programs together into one managed care program called IA Health Link. This new program will give you the same health coverage you know and use, but will be covered by a Managed Care Organization (MCO) that you get to choose.

In order to receive federal approval, Iowa will need to demonstrate that the Department, the MCOs, and your health care providers are ready to meet your needs through the new program. If the Department demonstrates that the new program is ready, it will begin on January 1, 2016.

### What is a managed care organization?

A managed care organization (MCO) is a health plan. The coverage offered by the providers in the MCO will be just right for you.

### Will my benefits change?

**Your benefits will not change and you do not need to do anything right now.** Your benefits will be covered by an MCO. The MCO that you choose will have a network of providers across Iowa for you to pick from. If you receive covered dental services, they will be the same. More information will be sent to you about your health plan options in the near future.

### Can I keep my provider?

You may be able to keep your current medical health providers and mental health providers until at least June 30, 2016, as long as your provider(s) choose to participate with the MCOs. Each managed care organization will have a network of providers across the state of Iowa. If you would like to change your provider, you can choose from the managed care organization's network of providers.

### How can I learn more?

To learn more, please visit [www.dhs.iowa.gov/ime/members](http://www.dhs.iowa.gov/ime/members) or call 1-800-338-8366, Monday through Friday, from 8 a.m. until 5 p.m.

You are being sent this letter because you are eligible for health coverage today. If you are no longer eligible for Medicaid on or before January 1, 2016, this letter will not apply to you.

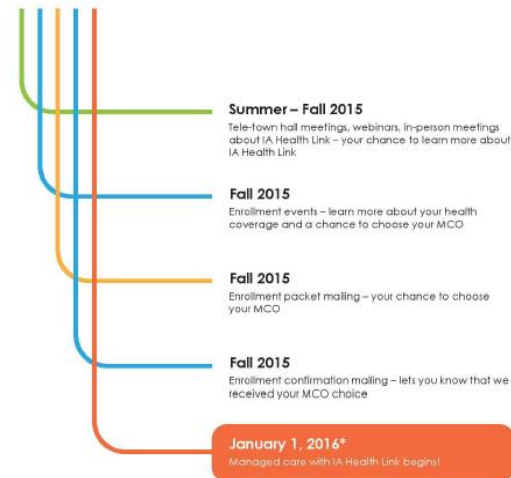
### Questions?

If you have any questions or comments about this change or your health coverage, please call the Iowa Medicaid Member Services Unit at 1-800-338-8366, or in the Des Moines area at 515-256-4606. Help is available Monday through Friday, from 8 a.m. until 5 p.m. You may also email Member Services at [IMEMemberServices@dhs.state.ia.us](mailto:IMEMemberServices@dhs.state.ia.us).

*Para solicitar este documento en español, comuníquese con Servicios para Miembros al teléfono 1-800-338-8366 de 8:00 a.m. a 5:00 p.m., de lunes a viernes.*



## Steps to IA Health Link Timeline



\*Pending Centers for Medicare and Medicaid Services (CMS) approval



# Iowa Department of Human Services



## IA Health Link Questions and Answers

### Why am I changing to IA Health Link?

Understanding health care coverage can be difficult, especially if there are lots of different programs with different rules. IA Health Link brings Iowa Medicaid programs together into one program for individuals and families to get the best care they need.

### What is managed care?

Managed care is a way to get help for all of your health care needs with one health plan. This is to help you stay healthy.

### Where can I get care?

You can get care from any Iowa Medicaid provider. By June 30, 2016, you will need to check with your MCO to make sure that your provider(s) will continue to provide services through the MCO's provider network.

### How do I know if a service is covered with IA Health Link or not?

All of your benefits that you were eligible for before IA Health Link will stay the same after January 1, 2016, unless your eligibility changes. All services are based on medical necessity. Your health professional is the best person to determine the medical necessity of a procedure for you. Your provider will work with Provider Services to determine if the service is covered.

### I take medicine. Will it still be covered?

Yes. All benefits that are available to you today will continue with your MCO. Your MCO will provide coverage for your approved medicine.



## IA Health Link Questions and Answers

### Can I change my MCO after the program begins?

We want you to have a MCO that you are comfortable with and can help you meet your medical needs. You may change your MCO at any time for good cause or you can change your MCO any time within the first few months. Needing services from a provider within a different MCO's network is an example of good cause.

### What happens if I move?

If you move, please contact the Department of Human Services call center at 1-877-347-5678. We will update your address in our records. MCOs will have statewide coverage to allow for you to move through the state without having to change coverage.

### What will I need to do now?

**You do not need to do anything at this time.** You will get a notice to let you know when you need to make a health plan choice.

### Will I have to pay for IA Health Link?

If you had any form of cost sharing before IA Health Link, it will continue after January 1, 2016.

### Where do I go for help?

If you have questions about IA Health Link, please call the Iowa Medicaid Member Services Unit at **1-800-338-8366** or in the Des Moines area at 515-256-4606. Help is available Monday through Friday, from 8 a.m. until 5 p.m. You may also email Member Services at [IMEMemberServices@dhs.state.ia.us](mailto:IMEMemberServices@dhs.state.ia.us).

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## Step 2: Enrollment Packet and Making MCO Choice

Member enrollment packets mailed late October through November

- MCO assignment included and based on algorithm to keep families together under one MCO
- Staggered mailing by program enrollment
- Current members have until December 17 to choose their MCO for January 1, 2016
- DHS notifies MCO of selection through enrollment file



## 90 Day Choice Period

- Members have until December 17, 2015, to make a choice for January 1
  - If no choice is made, member is enrolled with the assigned MCO for January to ensure coverage is in place and available
- Can make a change to MCO assignment for any reason for an additional 90 days- through March 18, 2016
  - Can change for good cause reason after March 18, or during the annual choice period

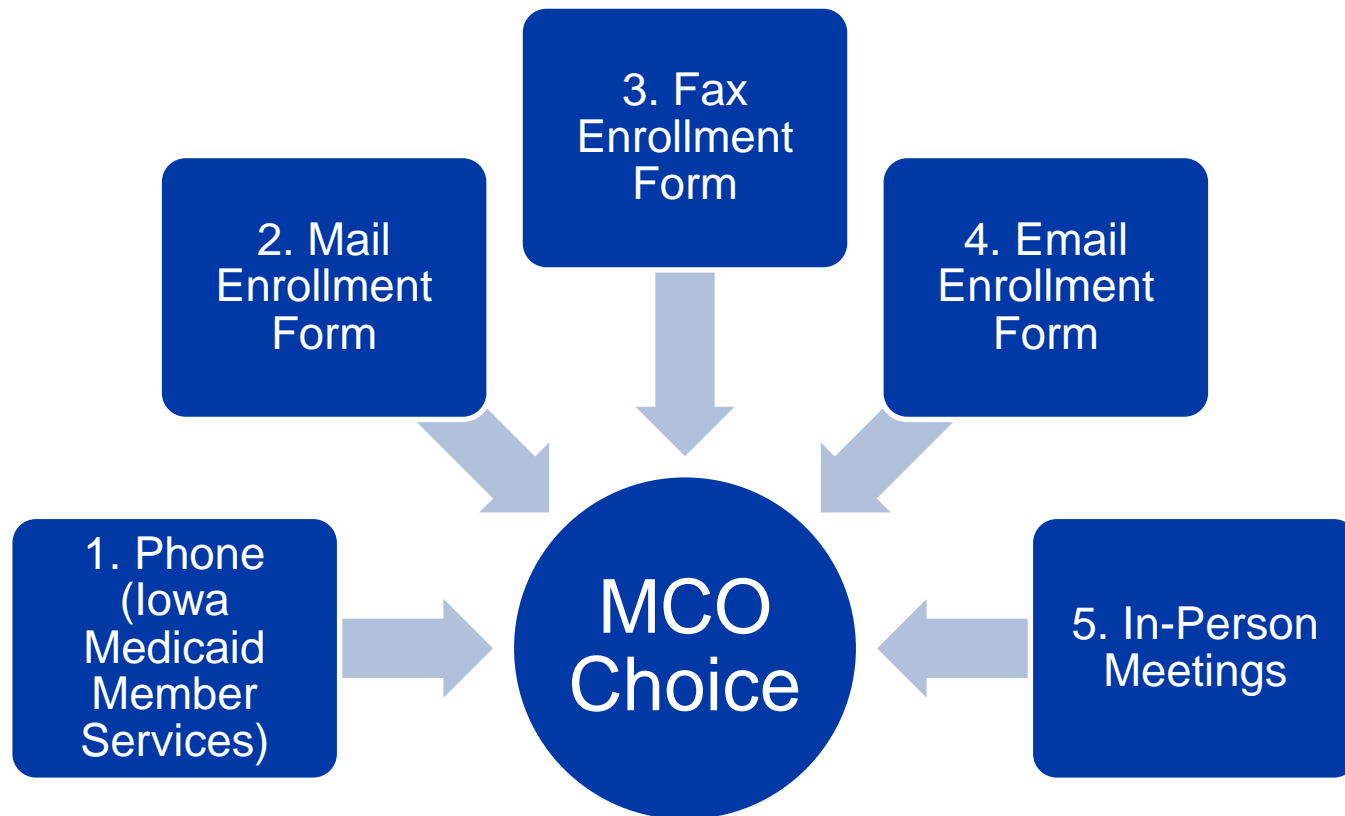


## Help Making MCO Choice

- Iowa Medicaid Member Services is the independent Enrollment Broker and responsible for providing information and conflict free choice counseling for members in the selection of a MCO
  - Key activities to share information and support member selection of MCO:
    - In-person meetings throughout state in October and November, schedules posted online
    - Email: [IMEMemberServices@dhs.state.ia.us](mailto:IMEMemberServices@dhs.state.ia.us)
    - Call Center: 1-800-338-8366, 8am-5pm, M-F
- Members can select their MCO through voice system option 24/7 daily. Can leave message for call back



## Step 2: Making MCO Choice







## Step 2: Making MCO Choice

### Phone

- Iowa Medicaid Member Services
- Live representative from 8am-5pm, Monday- Friday
- Automated selection system, available 24/7

### In-Person



- Member educational meetings held throughout the state (beginning late October)
- Turn in enrollment form, or make selection with Iowa Medicaid Enrollment Service Representative



## Step 2: Making MCO Choice

### Enrollment Form

1. Return in postage-paid envelope included in enrollment packet
2. Fax
3. Email



### IA Health Link Managed Care Organization Enrollment

Welcome to IA Health Link. Please review the enclosed information about each Managed Care Organization (MCO) available to you. Then you must select one MCO to enroll with. If you do not select a plan, the MCO listed on your enrollment letter will be your MCO. After you complete this form, please return it in the postage paid envelope provided. You do not need a stamp to return this form by mail.

Complete this form with blue or black ink.

Name of Person to Enroll	Date of Birth of Person to Enroll	ID Number of Person to Enroll	Check One MCO	
			<input type="checkbox"/> Amerigroup Iowa, Inc. <input type="checkbox"/> AmeriHealth Caritas Iowa, Inc.	<input type="checkbox"/> UnitedHealthcare Plan of the River Valley, Inc. <input type="checkbox"/> WellCare of Iowa, Inc.
			<input type="checkbox"/> Amerigroup Iowa, Inc. <input type="checkbox"/> AmeriHealth Caritas Iowa, Inc.	<input type="checkbox"/> UnitedHealthcare Plan of the River Valley, Inc. <input type="checkbox"/> WellCare of Iowa, Inc.
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			<input type="checkbox"/> Amerigroup Iowa, Inc. <input type="checkbox"/> AmeriHealth Caritas Iowa, Inc.	<input type="checkbox"/> UnitedHealthcare Plan of the River Valley, Inc. <input type="checkbox"/> WellCare of Iowa, Inc.

Reason for changing your MCO: \_\_\_\_\_

**Your Address (Street, City, and Zip Code)** \_\_\_\_\_ **Your Phone Number** \_\_\_\_\_ **Sign Here** \_\_\_\_\_

If you have questions about how to complete this form, call Member Services at **1-800-338-8366** or locally in the Des Moines area at 515-256-4806, Monday through Friday from 8:00am – 5:00pm.

Para solicitar este documento en español, comuníquese con Servicios al Afiliado al teléfono 1-800-338-8366, de lunes a viernes desde las 8:00 a.m. hasta las 5:00 p.m.

470-5356 (9/15)



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## MCO Considerations for Members

Iowa Medicaid Member Services will offer health plan choice counseling to members. Choice counseling includes answering member questions about each health plan such as:

- Is my provider in the MCO network?
- Is my pharmacy in the MCO network?
- Does the MCO have specialists close to my community?
- Does the plan have value-added services that would benefit me?
- Are there special health programs that would help me?
- Does the MCO have call centers or helplines available beyond regular business hours?



## Resources for Making MCO Choice

### Iowa Medicaid Member Services

- In-Person
- Phone
- DHS Website

### Enrollment Packet

- Managed Care Handbook
- MCO Informational Materials
- Samples will be posted online

### Comparison Chart

- Quick MCO Comparison Guide
- Will be posted online

### MCO Provider Directory

- Available Online
- Through MCOs



## Step 3: MCO Contacts Member

MCOs will distribute enrollment materials to new members within 5 business days of receipt of member enrollment selection

- Examples of enrollment materials:
  - Provider directory
  - MCO contact information
  - Services available
  - Grievance and appeal information
  - Member protections, rights, and responsibilities
  - Information on how to contact the Enrollment Broker
  - Contact information and role of the Ombudsman



## Member ID Cards

### Member Has Two Cards

#### 1. Medicaid Card

Member receives or continues to use Medicaid ID card for dental or fee-for-service

#### 2. MCO Card

MCO sends member ID card for use after MCO enrollment



\*Iowa Health and Wellness Plan members have three cards, using Dental Wellness Plan card for dental services and *hawk-i* members will continue to use separate dental card.



## Member Enrollment in MCO

- MCO enrollment begins on the first of each month
  - Typically no mid-month MCO changes
- Member contacts MCO with questions about benefits, providers, other services
  - Each MCO will have a dedicated member phone line
  - Can contact Iowa Medicaid Member Services if there are issues or concerns with the MCO



## Step 4: MCO Changes for 'Good Cause'

- Members may disenroll from their MCO at any time throughout the year for reasons of “good cause”
    - Changes requested through Iowa Medicaid Member Services
  - “Good cause” reasons can include:
    - A member’s provider is not enrolled with the MCO
    - A member needs related services to be performed at the same time and not all related services are available in the MCO network
- If there is a change in eligibility (for example PACE)





## Member Summary and Key Dates

- Introductory mailing in October
- Enrollment beginning late October- November
- Make MCO choice by **December 17, 2015** for January 1, 2016
- Members have until **March 18, 2016**, to change MCO for any reason
- Contact **Iowa Medicaid Member Services** to choose MCO or make good cause changes



## Provider Transition



## Provider Impact

### Service Authorizations

- MCOs will honor existing authorizations for at least three months

### Networks

- Providers can be part of multiple MCO networks

### Utilization Management

- MCOs are responsible for utilization management, approved by DHS

### Claims Payment

- MCOs required to pay within similar timeframes as Medicaid does



## MCO Provider Network Requirements

### Physical & Behavioral

- MCOs will use all current Medicaid providers for the first six months
- MCOs network effective July 1, 2016
- Strict network adequacy

### Waiver & Long Term Care

- MCOs will use all current LTC waiver providers, if they contract with the MCO, for the first two years
- MCO network effective January 1, 2018
- Strict network adequacy



## MCO Case Management Requirements

- Members able to keep their current case management agency until at least June 30, 2016, as long as provider(s) choose to participate with the MCOs
- MCOs will determine how to manage case assignments for community-based case management
- MCOs may provide community-based case management themselves or sub-contract with current case managers and must ensure staff maintains appropriate credentials, education, experience and orientation



## DHS Provider Education and Training

- Statewide training in 11 locations across Iowa in September
- Tele-townhall meetings
- Events and trainings
- Monthly newsletters
- Provider educational materials updated continually
- Stakeholder emails
- Informational Letters 1537 and 1539 and upcoming



## Provider Enrollment Process Overview

- All in-state and out-of-state providers, whether providing services under MCO or FFS, must enroll with Iowa Medicaid to ensure continuity of care for members
  - This includes referring/prescribing providers per ACA requirements
- Providers will enroll with Iowa Medicaid prior to MCO
- Provider Services will continue the IME provider enrollment process
- DHS will collaborate with MCOs to develop a provider enrollment process that is as streamlined and as efficient as possible for providers



## MCO Provider Enrollment

- Each MCO will develop its provider network, enrolling all current Medicaid providers when possible
- DHS will provide Medicaid provider enrollment information to each MCO to assist in preventing a duplication of efforts for providers
- MCOs will each have their own credentialing process to meet their accreditation standards
- If an MCO recruits a new provider, it will be expected to assure that provider is also enrolled by IME
- Out-of-state and other non-contracted providers may enter into single case agreements with MCOs as necessary to serve the needs of members in special situations





## Questions & Answers



## Information and Questions

	Contact Information
General Information	<a href="http://dhs.iowa.gov/ime/about/initiatives/MedicaidModernization">http://dhs.iowa.gov/ime/about/initiatives/MedicaidModernization</a>
Modernization Stakeholder Questions	Email: <a href="mailto:MedicaidModernization@dhs.state.ia.us">MedicaidModernization@dhs.state.ia.us</a>
Modernization Member Questions	Contact Iowa Medicaid Member Services Phone: 1-800-338-8366 Email: <a href="mailto:IMEMemberServices@dhs.state.ia.us">IMEMemberServices@dhs.state.ia.us</a>
Modernization Provider Questions	Contact Iowa Medicaid Provider Services Phone: 1-800-338-7909 Email: <a href="mailto:IMEProviderServices@dhs.state.ia.us">IMEProviderServices@dhs.state.ia.us</a>